

## ADDITIONAL HOSPITAL AND OUT-PATIENT DISPENSARY FACILITIES IN WORLD WAR VETERANS' ACT, 1924

FEBRUARY 18, 1925.—Committed to the Committee of the Whole House on the state of the Union and ordered to be printed

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Mr. LUCE, from the Committee on World War Veterans' Legislation,  
submitted the following

### REPORT

[To accompany H. R. 11633]

The Committee on World War Veterans' Legislation to which was referred H. R. 11633, recommends that the same be passed with an amendment striking out on page 3, line 19, the figures "10,300,000" and substitute in place thereof the figures "10,000,000."

The appropriations for new hospital construction required as a result of the World War have amounted to \$42,100,000, made up of \$35,600,000 under the first and second Langley Acts and \$6,500,000 under the act approved June 5, 1924. Adding expenditures authorized under various appropriations acts, it is fair to say that the hospital investment of the Government to date has been about \$45,000,000.

The peak of the hospital load was reached in August, 1922, when it amounted to almost 31,000. Immediately before the date of the passage of the World War veterans' act of June 7, 1924, it had fallen to 22,457. That act extended the time for connecting disabilities with war service and also put at the command of veterans of any wars unused hospital facilities without regard to service connection. The result of these two things was, of course, an immediate rise in the patient load, which January 15, 1925, reached 29,292. It will be seen that this was a rise of almost exactly one-third.

The Veterans' Bureau now recommends an increase in the hospital investment of almost exactly one-third, proposing an appropriation of \$14,887,500. Your committee deems that it would be unwise to meet in full the proposal of the Veterans' Bureau, for the following reasons:

The drop in the patient load beginning in 1922 may be assumed to have been the normal result of the passage of time as related to the operation of the laws relating to compensation and hospitalization.

The sharp increase in the last half year so far as due to service connected disabilities has now practically stopped, for although some cases yet require determination, it is to be presumed that with January 1 of this year, when the opportunity for connecting disability with service ended, the total was nearly reached. If, then, decline is resumed and continues at the rate already shown by experience, we may expect that within a few years the occasion for furnishing hospital beds will not be greatly larger than it was a year ago. Indeed, it may be appreciably smaller as we get further away from the period when disabilities were incurred.

If at that time we found ourselves with a hospital investment such as the Veterans' Bureau now recommends, it seems clear that the Government would have a much larger proportion of unused facilities than has been contemplated by recent legislation. These facilities would be available to veterans of all wars regardless of the service connection of their disabilities. As a matter of fact by far the greater part of the disabilities for which hospital treatment would then be asked for by war veterans not previously treated, would have been incurred as result of the conditions of civil life. Neither Congress nor the Executive has so far contemplated that the Federal Government should assume the responsibility of caring for such disabilities instead of having them in charge of the States or of the communities of residence. To invite or to embark upon this policy would be a most serious matter. Once accepted as a basic policy it would justify all veterans everywhere in expecting the opportunity of medical, surgical, and dental treatment at Federal expense. Whether or not this should ever seem expedient, certainly to-day it is not within the contemplation of either Congress or the Executive.

General Hines of the Veterans' Bureau, has assured your committee that his recommendations were not framed with such a purpose in mind. He has urged permanent construction to provide for 1,800 additional beds, which may be classed as wholly new facilities; for 1,650 permanent beds to replace temporary facilities; for 1,350 beds to replace leased facilities; and for the purchase of leased facilities now furnishing 479 beds; making a total new construction (including facilities purchased) to the amount of 4,759 beds. As a result of inspection of various hospitals by the special committee authorized to do this work, we are impressed with the necessity of replacing certain temporary structures with permanent structures. Furthermore, we recognize the necessity of replacing some of the leased facilities with Government-built facilities and possibly the purchase of leased facilities. It is not yet clear, however, that the situation warrants either the complete substitution of Government owned for leased facilities, or the complete removal of patients from State or private institutions where they are now under treatment—the so-called contract institutions. It seems not unreasonable to hope that the drop in the load which may confidently be expected will permit the gradual abandonment of leased facilities and the withdrawal of patients from the contract institutions.

At any rate until the results of the recent legislation have been more definitely ascertained and the situation analyzed, we doubt the expediency of going the full length in this policy of permanent

construction. Under the circumstances your committee has concluded that a reasonable solution of the difficult problem, sufficient for the time being, would be an authorization of the investment of \$10,000,000 more in Government hospitals.

In the Executive and independent offices bill that recently passed the House there was an item of \$3,837,750 for the alteration, improvement, or providing of hospital facilities under the jurisdiction of the Veterans' Bureau. If this should become law, as presumably it will, this will be in some part at least used for providing additional beds. Adding this to the \$10,000,000 appropriation herein advised, it would seem as if the bureau will have at command enough construction funds for its evident needs during the next year.



